

# **Application for License Renewal**

## **LICENSED GRADUATE SOCIAL WORKER** **(LGSW)**

**ONLY to be submitted by LGSWs**

**Please note: The Supervision Verification form, which must be submitted if the required supervision is not complete, can be downloaded from the Board of Social Work website.**



## Social Work License Renewal Instructions

**License Renewal:** You must renew your license to continue to be eligible to practice social work in Minnesota, unless you are employed in a setting for which licensure is voluntary under Minnesota Statutes, Section 148E.065.

**Void Applications:** If your application is incomplete or the incorrect form is received with no fee or an incorrect fee amount, the application and fee are void and will be returned to you. If your application and renewal fee are not resubmitted by midnight of the expiration date, a late fee (one-fourth of the license renewal fee) will also be assessed.

**License Renewal Fee:** Your renewal fee is stated on the License Renewal Notice postcard. Fees can be paid by credit card when applying for renewal online, or must be paid by check or money order if applying using a paper application form.

**Late Fee Assessed:** A late fee of 1/4 of your renewal fee is assessed on applications not received by midnight of the renewal/expiration date and within the 60 day period after your renewal deadline.

**Supervised Practice:** Refer to the address label of your renewal postcard to verify whether you must document supervised practice. If you submitted documentation of supervised practice since your last active application, the form(s) will be reviewed with this renewal application. All licensees requiring supervision must submit a Supervision Verification form. If you are an LGSW or LISW, supervision is required if you engage in clinical practice. You must have a current Supervision Plan form on file and submit a Supervision Verification form at license renewal.

**Continuing Education (CE) Hour Requirement:** Refer to the address label of your renewal postcard or license card for your total CE hours required, including required CE content hours, which must have been obtained during this renewal cycle. List the number of CE hours completed during the renewal cycle on the application form. If you have not obtained the required number of CE hours instructions are provided on the renewal application to apply for a CE variance.

**CE Audit:** Maintain your verification of attendance or other records at least one year after your license renewal, in the event that you are audited by the Board. You will be notified if you are being audited. DO NOT send verification of attendance or other records to the Board office, unless requested by the Board.

**Automatic Expiration:** Your license will automatically expire if your application, license renewal fee and late fee are not received by midnight of the 60th day after your expiration date.

**Application Review Time Line and Authority to Practice:** It takes approximately 30 days to review an application. Your license is current and you are authorized to practice during the application review process. If additional information is needed, you will receive written notification from the Board. When your application is approved, you will receive a license renewal card.

**Alternative Licenses:** You may use the Application for License Renewal to apply for an alternate license. Please refer to the Board's Statute, Section 148E for complete details.

- **Temporary Leave License:** You may not be engaged in social work practice in any setting in Minnesota. The temporary leave license fee is the same amount as your license renewal fee and applies to the full

period of temporary leave license status, up to four consecutive years.

- **Emeritus Inactive License:** You must be retired, and may not engage in social work practice in any setting in Minnesota, and do not intend to practice. The emeritus fee is \$43.20 for all levels of licensure. You are unable to reactivate your license after four years.
- **Emeritus Active License:** You must be retired and intend to engage in limited practice including only :
  1. pro bono or volunteer social work practice or
  2. paid social work practice not to exceed 240 hours per calendar year for the exclusive purpose to provide licensing supervision to meet the Board's requirementsThe emeritus active license is renewable every two years, with one-half of the renewal fee and one-half number of CE hours required.
- **Voluntary Termination:** You must not be engaged in social work practice in a setting for which licensure is required (see Minnesota Statutes, Sections 148E.065). There is no fee for voluntary termination.

**\* IMPORTANT INFORMATION ABOUT YOUR LICENSE \***

**Failure to Renew:** Failure to renew will result in an expired license retroactive to the renewal/expiration date. Your license will automatically expire if your application, license renewal fee and late fee, if applicable, are not received by midnight of the 60th day after your expiration date.

**Re-licensure Options:**

1. A temporary leave and emeritus inactive license may be reactivated no later than four years after the effective date of your temporary leave or emeritus inactive license.
2. An expired license or license terminated voluntarily may be reactivated within one year of the effective date.
3. If you fail to reactivate in 1 or 2, you must meet all requirements for licensure at the time of reapplication (an ASWB exam score is valid for eight years from date taken when the license is expired or voluntarily terminated).

**Address Change:** You must notify the Board within 30 days of a change in mailing address, home address, or telephone number. You must submit this change via US mail, email, fax or the Board's website.

**Legal or Professional Name Change:** You may practice under a professional name that may be different from your legal name provided you inform the Board in writing of both the professional and legal name. Within 30 days of a legal name change, you must submit legal verification of the name change. Within 30 days of a professional name change, you must submit a notarized statement attesting to the professional name change. You must request a new license wall certificate and pay the \$30 new certificate fee, as required.

**Testing to Another License:** If you wish to apply for a new license, please refer to the Board's website, [www.socialwork.state.mn.us](http://www.socialwork.state.mn.us) for an application. This application process is separate from licensure renewal. You may apply for another licensure level at any time, provided you meet the necessary requirements.

***In compliance with the Americans with Disabilities Act,  
this instruction sheet and all enclosed materials  
will be made available in alternative formats upon request.***



## APPLICATION FOR LICENSE RENEWAL LICENSED GRADUATE SOCIAL WORKER (LGSW)

◆ APPLICATION STATUS <i>(Circle status you are applying for.)</i> ◆				
Renewal	Emeritus Active	Temporary Leave	Emeritus Inactive	Voluntary Termination
<p><b>Alternatives to License Renewal:</b> <b>1) Emeritus Active:</b> If retired from social work practice and not intending to resume social work practice in Minnesota, except under this license you may engage in pro bono or unpaid social work practice and/or provide up to 240 clock hours per calendar year of paid social work for the exclusive purpose to provide licensing supervision under Minnesota Statutes 148E.100-125. <b>2) Temporary Leave:</b> If not practicing social work in any setting in Minnesota. Temporary leave is valid for a maximum of 4 years. <b>3) Emeritus Inactive:</b> If retired from social work practice and not intending to resume social work practice in Minnesota. An emeritus inactive license may be reactivated only within 4 years of issuance. <b>4) Voluntary Termination:</b> If not practicing social work in Minnesota, except in a exempt settings under Minnesota Statutes 148E.065</p> <p style="text-align: center;">◆ NOTE: If an application status (above) is not circled, the Board will process your application as a RENEWAL ◆</p>				

◆ LICENSEE DATA <i>(Please type or print with black ink.)</i> ◆			
<p><b>You MUST provide the following data:</b></p> <p><b>1) Full legal name:</b> If you make changes in your legal and/or professional name, you may be contacted by the Board if additional information is needed.</p> <p><b>2) Professional name (if applicable):</b> You may practice under a professional name that may be different from your legal name provided that you inform the Board of both the professional and legal name.</p> <p><b>3) Mailing address:</b> Your mailing address is classified as public. All information from the Board will be sent to your mailing address. The telephone number that you provide with your mailing address is also public.</p> <p><b>4) Home address:</b> If your home address is different from your mailing address, your home address is classified as private and cannot be accessed by the public.</p> <p>● Information provided is private until application approval. Once approved, all application data submitted is public except social security number, Standards of Practice answers, and home address, if different than mailing address. Public information is available to any person upon request.</p> <p>● Submission of this application does not automatically result in approval. If additional information is needed, the Board will contact you.</p>			
LICENSE NUMBER:	CURRENT LICENSE: LGSW		
(FULL LEGAL NAME) LAST:	FIRST:	MIDDLE (full):	
PROFESSIONAL NAME (IF DIFFERENT ) LAST: (If designating a name different from legal name in this box, you will be contacted by the Board to comply with name change requirements.)	FIRST:	MIDDLE (full):	
ALL MAIDEN, ALIAS, AND/OR FORMER NAMES:			
HOME ADDRESS: (NEW? circle YES NO ):			
CITY:	COUNTY:	STATE:	ZIP CODE:
HOME PHONE :	BUSINESS:		FAX:
E-MAIL ADDRESS:			
MAILING ADDRESS (if different from home address): (NEW? circle YES NO ):			
CITY:	COUNTY:	STATE:	ZIP CODE:
DAYTIME PUBLIC PHONE:			

### ◆ EMPLOYMENT INFORMATION ◆

*Record all employment information during renewal period. If currently unemployed, indicate "unemployed" on line 1. If you have more than 2 employers, please list the additional employer(s) on a separate sheet of paper including the same information as requested below and attach to the application.*

EMPLOYER #1:(NO ACRONYMS)		CURRENT <input type="checkbox"/> FORMER <input type="checkbox"/> If former, list end date (mo/yr): _____	
ADDRESS:		PHONE:	
CITY:		FAX:	
COUNTY:		STATE:	
ZIP CODE:			
TITLE OF YOUR POSITION:		SUPERVISOR'S NAME:	
DATES OF EMPLOYMENT: START: (mo/yr)		END: (mo/yr)	
MN BUSINESS ID#: (Required only if one has been issued by the MN Dept of Revenue)			
EMPLOYER #2:(NO ACRONYMS)		CURRENT <input type="checkbox"/> FORMER <input type="checkbox"/> If former, list end date (mo/yr): _____	
ADDRESS:		PHONE:	
CITY:		FAX:	
COUNTY:		STATE:	
ZIP CODE:			
TITLE OF YOUR POSITION:		SUPERVISOR'S NAME:	
DATES OF EMPLOYMENT: START (mo/yr)		END: (mo/yr)	
MN BUSINESS ID#: (Required only if one has been issued by the MN Dept of Revenue)			

### ◆ REPORT OF CONTINUING EDUCATION ◆

- Hours reported must have been obtained within your current renewal cycle.
  - Maintain your verification of attendance or other records for at least one year after your licensure renewal, in the event that you are audited by the Board. You will be notified if you are being audited.
  - **DO NOT** send verification of attendance or other records to the Board office, unless requested by the Board.
  - If you have applied for temporary leave or emeritus inactive license, you are encouraged to report CE hours you have obtained within your current renewal cycle. However, failure to report your CE hours will not affect approval of your application. If you later reactivate your license, you will need to complete the missing CE hours in addition to the CE hours required for the reactivation of your license.
- The number of CE hours required is indicated on the address label of your renewal postcard or license card.**

<b>Step 1: TOTAL Number of CE hours obtained:</b>	
<b>Step 2: Number of CE hours obtained in Social Work Ethics:</b>	
<b>Step 3: Only document number of Supervision Content CE hours if you provided licensing supervision during this renewal cycle:</b>	

### CE VARIANCE REQUEST - ONLY FOR APPLICATIONS FOR LICENSE RENEWAL

<input style="width: 30px; height: 30px;" type="checkbox"/>	<p>Step 1: Check this box <b>only if</b> you have <b>not</b> obtained the required number of CE hours for this renewal period and you are applying for license renewal.</p> <p>Step 2: Attach a statement listing:</p> <ul style="list-style-type: none"> <li>• the number of required hours that you have not fulfilled.</li> <li>• the reasons you need the additional time.</li> <li>• your plan to complete the missing CE hours.</li> </ul>
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**◆ SUPERVISION REQUIREMENTS & DESIGNATION OF SCOPE OF PRACTICE FOR LGSWs ◆**

At your renewal, you and your supervisor(s) must submit a Supervision Verification form(s) if you engaged in clinical practice or are not complete with your non-clinical requirement. Forms may be downloaded at the Board's website. Use one form for each supervisor.

- **LGSW non-clinical:** An LGSW engaged in non-clinical practice is required to obtain supervision only for the first 4000 hours of supervised practice.
- **LGSW clinical:** An LGSW is required to obtain ongoing supervision if engaged in clinical practice, will not be allowed to engage in clinical practice under supervision for more than 8000 hours without obtaining an LICSW license, and must meet all license requirements in effect at time of LICSW application.
- **Extension to 8000 hour limit:** The Board may grant permission to engage in clinical practice for more than 8000 hours if the LGSW petitions the Board and demonstrates to the Board's satisfaction that for reasons of personal hardship the LGSW should be granted an extension to continue practicing clinical social work under supervision for up to an additional 2000 hours.

**STEP 1:** Please check one of the boxes below to designate your scope of practice.

☐ I attest that I did **not engage** in clinical social work practice during the renewal term. I understand that if I engage in clinical practice in the future, I must submit a Supervision Plan form to the Board within 60 days of beginning clinical practice.

☐ I attest that I **engaged in clinical practice** from \_\_\_\_\_ to \_\_\_\_\_ and am submitting a Supervision Verification form.  
mo/yr mo/yr

**STEP 2:** List the names of your supervisor(s) who will submit Supervision Verification form(s) for practice during the previous renewal term. DO NOT list supervisor(s) who have already submitted Supervision Verification forms. Check the appropriate box to designate whether the supervised practice is clinical or non-clinical.

<b>SUPERVISOR 1:</b> <input type="checkbox"/> Non-Clinical <input type="checkbox"/> Clinical	<b>SUPERVISOR 2:</b> <input type="checkbox"/> Non-Clinical <input type="checkbox"/> Clinical	<b>SUPERVISOR 3:</b> <input type="checkbox"/> Non-Clinical <input type="checkbox"/> Clinical
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**STEP 3:** If you are not documenting supervision for any portion of the previous renewal term, please complete the section below.

REASON:	DATES (From mo/yr, to mo/yr):
Unemployed	
Leave of Absence (attach an explanation)	
Not working during the summer	
Non-social work position (list agency name and your job title)	
Practice outside of Minnesota; not submitting documentation	
Submitting portion required to complete requirement	
Out of compliance with the requirements (attach an explanation)	
Not currently engaged in clinical practice and 4000 non-clinical approved hours on record	

**◆ STANDARDS OF PRACTICE QUESTIONS ◆**

**Please do the following:**

- Answer all questions by checking the appropriate box.
- Provide a complete explanation of any "yes" answers.
- For any "yes" answers, include a copy of any relevant records of court or licensing agency actions.

NOTE: In the questions below, "licensing" means licensing, registration, credentialing, certification, or any other form of government regulation of individual practitioners.

YES	NO	1. Since the last application you submitted to the Board, have you pled guilty to, pled no contest to, or been convicted of a misdemeanor, gross misdemeanor, or felony, or are criminal charges currently pending against you? Include traffic offenses where the charge involves the use of alcohol or drugs even if the final conviction or plea is not related to the use of alcohol or drugs. • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	2. Since the last application you submitted to the Board, have you been disciplined, sanctioned, or been found to have violated a professional association's code of ethics or a state, territorial, provincial, or foreign licensing agency's laws or rules, or are you currently under investigation by such an association or agency? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	3. Since the last application you submitted to the Board, have you violated any state, territorial, provincial, or foreign licensing agency's law or rule related to the practice of social work or any other profession not addressed in question 2 or are any allegations pending against you? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	4. Since the last application you submitted to the Board, have you relinquished your membership in a professional association or your license from a state, territorial, provincial, or foreign licensing agency while a complaint was pending against you? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	5. Since the last application you submitted to the Board, have you applied for and been denied (a) membership in a professional association, or (b) licensure by a state, territorial, provincial, or foreign licensing agency, or are any proceedings pending against you? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	6. Since the last application you submitted to the Board, have you, in order to avoid denial, withdrawn an application for (a) membership in a professional association, or (b) licensure by a state, territorial, provincial, or foreign licensing agency? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	7. Since the last application you submitted to the Board, in any paid or volunteer job you have held, have you been terminated, had a contract not renewed, been subjected to disciplinary action of any kind, or resigned in lieu of termination or disciplinary action or are any employment proceedings pending against you? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	8. Since the last application you submitted to the Board, are you now or have you been a party to civil litigation, arbitration, mediation, or a malpractice action related to any paid or volunteer job you have held? • If Yes: Please describe the allegations, responses, and your role in the incident. Also provide the appropriate documents.
YES	NO	9. Since the last application you submitted to the Board, have you (a) engaged in, or assisted an individual to engage in, the practice of social work without a license in a non-exempt setting, or (b) falsely used, or assisted an individual to falsely use, the title "social worker"? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	10. Since the last application you submitted to the Board, have you been subjected to disciplinary action by a post-secondary educational institution, withdrawn from a post-secondary educational institution or are you currently under investigation by a post-secondary educational institution, because of alleged misconduct of any kind? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	11. Are you currently unable to practice social work with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental, physical, or psychological condition? • If Yes: Please explain in detail and provide the appropriate documents.

<b>◆ CERTIFICATION BY LICENSEE ◆</b> <b>ALL LICENSEES MUST COMPLETE THIS SECTION REGARDLESS OF THE LICENSE STATUS APPLIED FOR</b>	
<ul style="list-style-type: none"> <li>● I have read Minnesota Statutes, Chapter 148E which summarizes the laws governing social work practice in Minnesota. I understand that I am obligated to keep informed of changes to the statutes.</li> <li>● I certify all information provided on this application is true and correct to the best of my knowledge. I understand that making a false statement or misrepresentation to the Board is grounds for the Board to take disciplinary action against my license.</li> </ul>	
SIGNATURE OF LICENSEE:	DATE:
<b>◆ EMERITUS ACTIVE LICENSEES MUST ALSO COMPLETE THIS SECTION ◆</b>	
<ul style="list-style-type: none"> <li>● I certify while I hold an Emeritus Active License I must not practice, attempt to practice, offer to practice, or advertise or hold out as authorized to practice social work, except: 1) to provide unpaid social work practice or 2) to provide up to 240 clock hours per calendar year of paid social work practice for the exclusive purpose to provide licensing supervision under Minnesota Statutes 148E.100-125. In making representations of professional status to the public, I must state that I hold an Emeritus Active License.</li> </ul>	
SIGNATURE OF EMERITUS ACTIVE LICENSE APPLICANT:	DATE:
<b>◆ TEMPORARY LEAVE LICENSEES MUST ALSO COMPLETE THIS SECTION ◆</b>	
<ul style="list-style-type: none"> <li>● I certify while I hold a Temporary Leave License I must not practice, attempt to practice, offer to practice, or advertise or hold out as authorized to practice social work, <b>even in exempt settings</b>. In making representations of professional status to the public, I must state that the license is on temporary leave and that I cannot practice social work.</li> </ul>	
SIGNATURE OF TEMPORARY LEAVE APPLICANT:	DATE:
<b>◆ EMERITUS INACTIVE LICENSEES MUST ALSO COMPLETE THIS SECTION ◆</b>	
<ul style="list-style-type: none"> <li>● I certify while I hold an Emeritus Inactive License I must not practice, attempt to practice, offer to practice, or advertise or hold out as authorized to practice social work. In making representations of professional status to the public, I must state that I hold an Emeritus Inactive License and I cannot practice social work.</li> </ul>	
SIGNATURE OF EMERITUS INACTIVE LICENSE APPLICANT:	DATE:
<b>◆ VOLUNTARY TERMINATION LICENSEES MUST ALSO COMPLETE THIS SECTION ◆</b>	
<ul style="list-style-type: none"> <li>● I certify I must not practice, attempt to practice, offer to practice, or advertise or hold out as authorized to practice social work in Minnesota, except in exempt settings under Minnesota Statutes 148E.065. In making representations of professional status to the public, I must state that I do not hold a Minnesota license and I cannot practice social work in Minnesota, except in exempt settings under Minnesota Statutes 148E.065</li> </ul>	
SIGNATURE OF VOLUNTARY TERMINATION APPLICANT:	DATE:

FEES	Received by the Board <u>ON OR BEFORE RENEWAL DATE</u>	Received by the Board <u>within 60 days AFTER RENEWAL DATE</u>
LGSW Renewal	\$144.00	\$178.00, includes \$36.00 late fee
Emeritus Active	\$ 72.00	\$ 90.00, includes \$18.00 late fee
Temporary Leave	\$144.00	\$178.00, includes \$36.00 late fee
Emeritus Inactive	\$ 43.20	N/A
Voluntary Termination	No fee	N/A
*Submit renewal fee by check or money order. *All fees are non-refundable. *A late fee of 1/4 of your renewal fee is assessed for applications received by the Board within the 60 day period <u>after</u> your renewal deadline.		

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